

Gout Attacks Tracker

When you have a gout attack, print this tracker and record relevant details. Take it to your next doctor's appointment to help you and your doctor identify patterns or triggers that might have caused the most recent attacks. Save all your Gout Attack Trackers for future reference.

Date of Gout Attack Onset & Duration

Date began: ___/___/___ AM or PM

Date ended: ___/___/___ AM or PM

Joint(s) Affected

Symptoms

	Swelling		Redness		Heat
	Tenderness		Pain		Other _____

Pain Severity

1 2 3 4 5 6 7 8 9 10

Mild

Severe

How quickly did pain become severe? _____

Possible Triggers

- Joint injury or trauma
- Drinking too much alcohol: hard liquor/beer
- Eating large amounts of purine-rich foods
- Other: _____

Medications Taken

List the medications you have taken to relieve this gout flare:

List the medications you take for lowering uric acid levels and ongoing gout management:

List other medications, vitamins and supplements you take:

Gout Attack Management Tactics

List anything you did to cope with pain, such as using ice and elevating or resting joints: _____

Additional Information

Date of last doctor visit: ___/___/___

Date of last serum uric acid test: ___/___/___

Serum uric acid level: _____